

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/009792		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1						51		
2		1					52		
3	1			1			53		
4		1					54		
5		1					55		
6				1			56		
7		1					57		
8		1					58		
9		1					59		
10		1					60		
11							61		
12							62		
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41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	1		2				TOTAL IND.		
TOTAL DEP.		1		1			TOTAL DEP.		
TOTAL CLAIMS	1		2				TOTAL CLAIMS		